



FACILITIES AUTHORIZATION FORM

MINISTRY USE

"The Well exists for the Glory of God as an Authentic, Balanced and Christ-Centered Community where people learn to Love God and Each Other."

Ministry / Group _____ Today's Date _____

Event _____ Expected Attendance _____

- One Time Day _____ Date _____
- More than once Days _____ Dates _____
- Weekly Day _____ Dates: Begin _____ End _____
- Monthly Day _____ Dates: Begin _____ End _____
- Yearly Day _____ Dates: Begin _____ End _____

Room(s) Requested (including nursery rooms) _____

Unlock Time _____ a.m./p.m. Start time _____ a.m./p.m. End time _____ a.m./p.m.

Responsible Contact Person _____ Phone _____

Address _____ City _____ Zip _____

SETUP: If no setup is specified, standard Sunday Morning setup will be used, i.e. chairs arranged theater style with a podium at the front of the room. If you want something different complete the information below and draw a diagram in the **box provided below** or use a separate piece of paper and attach it to this form.

MAINTENANCE EQUIPMENT NEEDS:

- Number of chairs _____
- Number of tables _____
- Podium ___ Yes ___ No
- Sound system ___ Yes ___ No
- Sound Tech ___ Yes ___ No
- Computer Graphics Tech ___ Yes ___ No
- Projector ___ Yes ___ No
- Screen ___ Yes ___ No
- Other equipment or set up needs _____

Person Assigned

SETUP

CHILDCARE REQUESTED: ___ Yes ___ No
(Available for church related events)

Important Reminders: You are required to set up and take down your chairs, tables, etc. Please tear down all tables and stack them along with the chairs against the walls (unless instructed differently by the church office). No activity is approved and on the schedule until the form has been signed by the authorized person. Do not place bulletin announcements or advertise any event location until official approval has been received. **Please note:** Multiple events can and will occur at the same time. No event is guaranteed sole use of the Church property.

FOR OFFICE USE ONLY			
Date Received _____	Date Approved _____	By _____	Date Recorded _____